

Name of Party or Representative

Address_____

Telephone_____

☐ Claimant or ☐ Employer

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

| | | |
|--------------------|---|----------------------|
| _____ , |) | AB No.: _____ |
| Claimant, |) | |
| |) | DCD No.: _____ |
| vs. |) | |
| |) | Accident Date: _____ |
| |) | |
| _____ , |) | |
| Employer, |) | |
| |) | |
| and |) | |
| |) | |
| |) | |
| _____ , |) | |
| Insurance Carrier. |) | |
| _____ |) | |

STIPULATION TO TEMPORARILY REMAND PROCEEDING

The parties hereby stipulate and agree that this case shall be temporarily remanded to the Director of Labor and Industrial Relations for determination of the following issues and any other issue the Director deems appropriate:

Upon completion of the decision on remand, the Director is requested to transmit forthwith the case file to the Labor and Industrial Relations Appeals Board ("Board") for hearing and determination of all issues on appeal from the Director's decision of _____. Any decision rendered by the Director after the date of this stipulation must be timely appealed by the parties in order for the Board to obtain jurisdiction to hear issues arising therefrom.

All discovery deadlines and proceedings currently pending before the Board are hereby cancelled.

On behalf of Claimant:

Dated: _____

Signed: _____

Print name: _____

On behalf of Employer:

Dated: _____

Signed: _____

Print name: _____

APPROVED AND SO ORDERED:

ROLAND Q.F. THOM, Chairman

MELANIE S. MATSUI, Member

DAVID A. PENDLETON, Member